



SOCIETY OF TILT AND LANCE CAVALRY

210083 – 274 Ave W

Foothills, Alberta, Canada T1S 3C1

Tel. (403) 660-0826 Website: www.joust.ca

Non-profit registration # 5018291111

MEMBERSHIP APPLICATION FORM

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact Phone: _____ Age: _____

Email: _____

Related groups I belong to: (SCA, MASC, etc) _____

Membership Applied for: Cheque or money order only, payable to the "Society of Tilt and Lance Cavalry"

Class "A" Membership – Jousters & Riders

Fee is \$50.00 - Riders, includes knights and also non-jousters wishing to participate in mounted games. Riders must have access to their own horses, feed, boarding, transportation to events. Class A membership fee will cover the rider and will include the rider's immediate family membership if requested.

I wish to apply for a **Class A** membership.

Optional: Family members included in my fee

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Class "B" Membership – Squires & Other Support Personnel

Fee is \$10.00 - Support personnel, includes all non-mounted positions such as squires, pages, grooms, associates, etc.

I wish to apply for a **Class B** membership.

Disclaimer:

I understand that jousting and related activities participated in by the Society of Tilt and Lance Cavalry (S.T.A.L.C.) can be dangerous. I have voluntarily applied for membership and I hereby release S.T.A.L.C. and its individual members from any legal liability related to my membership or activities I choose to participate in. I promise to obey the Bylaws as well as any rules set forth by any tournament or other event I may participate in as a member of the Society of Tilt and Lance Cavalry. I understand that my membership may be revoked at any time by a vote of 50% +1 of the membership. Under these circumstances, I can request to receive a pro-rated refund of my membership fee.

I have read and understand these conditions. I have enclosed my membership fee with my application.

Signature: _____ Date: _____

Parent / Guardian Signature (if under 18 yrs.) _____ Date: _____